Revised 05/11.

CANDIDATE/OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION this form.	N GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	TITLE FIRST LAWRENC	<i>O</i> (3)	OFFICE USE ONLY	
NAME	NICKNAME LAST	SUFFIX	Date Received	
	Romo			
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: APT / SUITE #. C	PANANTONIO, TX	Date Ha⊫d teliwered or Date Postmarked	
Change of Address		<i>2</i> 8251	Auto Time Victorial of Date 1 (Simalked	
5 CAMPAIGN TREASURER NAME	MA JOHANY	MI	Receipt # Amount	
	NICKNAME LAST	SUFFIX	Date Processed	
	Reyes	JR.	Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUI		ZIP CODE ANTONIO TX 128251	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210) 681-0080	EXTENSION		
8 REPORT TYPE	January 15 30th day before election	on Roff	150 My after campaign treasurer app antment (officeholder only)	
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)	
9 PERIOD COVERED	Month Day Year THRO	UGH $01/05$	/ 0 A	
10 ELECTION	ELECTION DATE ELECTION TY Month Day Year	PE		
	05/03/03 Primary	Runoff	General S il	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT	District 6	
13 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expe- Candidates are required to disclose this information of	enditures made by others without the can	/ didate's prior consent or approval.	
EXPENDITURE BY OTHER INDIVIDUALS	Name		P	
	Address / PO Box: Apt. / Suite #. City. State.	Zip Code		
additional pages				
	GO TO	PAGE 2	P STOLL	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

SUPPORT	a IOIAL	.3	COVER SHEET PG 2
14 C/OH NAME AU/R	ence G.	Romo	15 ACCOUNT #(Ethics Commission filers)
16 NOTICE FROM POLITICAL	•• This box is for no may have been mad	dice of political expenditures by political committees to support the candid e without the candidate's or officeholder's knowledge or consent. Candidate if they receive notice of such expenditures.	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY	Check here if	no reportable activity occurred during this reporting period. (Sign affidavit belo	ow and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 250.00
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 300,00
OUTSTANDING LOAN TOTALS	1	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	
MY CO	ANDA H. BYINGTO OMMISSION EXPIRE BRUARY 23, 2003	Mann?	
AFFIX NOTARY STAME		the said LAWRENCE G. ROMU	14th
Α.	- .	tify which, witness my hand and seal of office.	_, fliis the ☑ lay
Signature of officer and	By t Iministerin oath	Yolanda H. Bying ton Printed name of officer administering oath	Po 7Z/y e of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction	GUIDE explains how to complete this form.		1 Total pages this S	Schedule A1:
2 FILER NAME	PNCE G. ROMO		3 ACCOUNT # (Eth	ics Commission filers)
4 Date	5 Full name of contributor □ out-of-state PAC (ID#: IBEW # 500)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
AU9	6 Contributor address; City; State; Zip Code 1125 15th St NW Washing fou DC 2000	15	\$250.00	
9 Principal occur	pation (Optional)	10 Employer (Option	nal)	
			·	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occup	pation (Optional)	Employer (Option	nal)	
			0.000.004.05	In kind contribution
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	On the transfer of the State 75 Code			1
	Contributor address; City; State; Zip Code			
Principal occur	pation (Optional)	Employer (Option	l l	
1 Timopar occup	Selicit (Optional)			
Date	Full name of contributor	.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
	Continuous address, Only, State, Zip Socie			[
				1
Principal occur	pation (Optional)	Employer (Option	ıal)	
• • • • • • • • • • • • • • • • • • •				
Date	Full name of contributor out-of-state PAC (ID#.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
1				1 3 4
Principal occu	pation (Optional)	Employer (Option	nal)	
I .				

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITIC	CAL EXPENDITURES			SCHEDULE F
The Instruction	N GUIDE explains how to complete this form.		1 Total pages	Schedule F:
2 FILER NAME	nênce G. Romo		3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name		7/200	7 Amount
2	LAWRENCE G. Romo	·		(\$)
AUS	6 Payee address; City; State: Zip Code 2906 Wood (Cwol)			9200.00
01	SAN ANTONIO, TX 79	8251		
8 Purpose of pay required.)	ment (See instructions regarding type of information			to benefit C/OH ••
Partin	1 Reimbursement of	Candidate / Officeholder r	ame	Office sought Office held
	v From 6 Dec 00			•*
Date 9	Payee name Cong NESS NAW GON 2A Res Payee address: City; State; Zip Code	ROAST		Amount (\$)
Aug	Payee address; City; State; Zip Code			\$ 100.00
01	301 FAID Suite 164 SAN ANTONIO, TX 12	26225		1 100,00
D. room of no.				
required.)	ment (See instructions regarding type of information	 Complete if di Candidate / Officeholder r 		to benefit C/OH •• Office sought Office held
Fund	RAISER			
Date	Payee name			Amount (\$)
	Payee address; City, State; Zip Code			
Purpose of pay required.)	rment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder r		to benefit C/OH •• Office sought Office held
•.	•			
Date	Payee name			Amount (\$)
	Payee address; City; State; Zip Code			
	Tayor address, Oity, State, 219 dode			ž. 4
			•	
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder n		to benefit C/OH •• Office sought Office held
		Canadate / Officerbiller f	aute	Office sought Office held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	EEDED	

P.O. Box 12070

	TE/OFFICEHOLDER N FINANCE REPORT	CITY OF SA	FORM C/OH
The C/OH INSTRUCTION this form.	N GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed: 人儿: 3以
3 CANDIDATE/ OFFICEHOLDER	MA LAWKENCE	MI	OFFICE USE ONLY
NAME	NICKNAME LAST ROMO	SUFFIX	Date Received
4 CANDIDATE/ OFFICEHOLDER ADDRESS	2906 Wood (nol)	CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked
Change of Address	SAN ANTONIO	(X 2825)	
5 CAMPAIGN TREASURER NAME	MR Johnny	Мі	Receipt # Amount
	NICKNAME LAST	SUFFIX	Date Processed
	Reyes	JR.	Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 7585 INGRAM R		AN ANTONIO, TX 198251
7 CAMPAIGN TREASURER PHONE	(210) 661-0080	EXTENSION	
8 REPORT TYPE	January 15 30th day before election	on Runoff	15th day after campaign tressecer appointment ("ficeholder ords"
	July 15 8th day before election	Exceeded \$500 limit	Final report (Altac - C/OH -)
9 PERIOD COVERED	Month Day Year Of / 25 / Of THRO	OUGH O^{Month} Day	/0
10 ELECTION	Month Day Year ELECTION TY		General Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known DISTRICT 6	"City Council
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign exp. Candidates are required to disclose this information		
BY OTHER INDIVIDUALS	Name		
additional pages	Address / PO Box; Apt. / Suite #; City; State;	Zip Code	
	GO ТО	PAGE 2	

Printed on recycled paper

exa	as Ethics Commission	P.O. Box 120	70 Austin, Texas	78711-2070		(512)463-5800	1-800-325-8506
	CANDIDAT	E / OFFIC	CEHOLDER	REPORT:		F	ORM C/OH
	SUPPORT	& TOTAL	S		CITY OF S	COVER S	SHEET PG 2
14	C/OH NAME		0 0			15 ACCOUNT#	(Ethics Commission filers)
	LAY	Rence	G. ROMO		2001 157	LLAIE	34
16	NOTICE FROM POLITICAL COMMITTEE(S)	may have been made	tice of political expenditures e without the candidate's or of if they receive notice of such	ficeholder's knowledge or	support the candic consent. Candidat	date / officeholder. tes and officeholde	These expenditures rs are required to report
	220	COMMITTEE TYPE	COMMITTEE NAME				
		GENERAL	COMMITTEE ADDRESS				
		SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			A A C A C A C A C A C A C A C A C A C A
	additional pages		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS			
17	NO REPORTABLE ACTIVITY	Check here if	no reportable activity occurre	d during this reporting peri	od. (Sign affidavit bel	low and submit pages	1 and 2 only.)
18	CONTRIBUTION TOTALS		POLITICAL CONTRIBUTI ES, LOANS, OR GUARAN			\$	
			. POLITICAL CONTRIE R THAN PLEDGES, LOAN:		F LOANS)	\$ 0	145,00
	EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITUR	ES OF \$50 OR LESS, t	JNLESS ITEMIZE	\$	
		4. TOTAL	. POLITICAL EXPEND	ITURES	A-1	\$ 10	732,31
	OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF AY OF THE REPORTING		OANS AS OF TH	\$	
19	AFFIDAVIT						
		NDA S.			nd includes all ir	• •	accompanying report red to be reported by
	IIII WWIIIIIII	CA-04-2005	THINING.	Quantity Sign	gnature of Candi	date or Officehol	dder
S	AFFIX NOTARY STAME		the said Lawre	na Romo		. this the	//th day
0	7./.	<i>m 1</i>	rtify which, witness my	1	ffice.		Guy

Mutary Title of officer administering oath

Texas Ethics Cor	mmission P.O. Box 12070 Austin	ı, Texas 78711-2070	1.,, (512) 46	/[[]] 3 <mark>-5899NIO 1-800-325-850</mark>
	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	S		MS C/OH, C/OH-SS, SI C/OH, SASHIE, SHIC, & SPAC-SS)
The Instruction	N GUIDE explains how to complete this form.		1 Total pages this	Schedule A1:
2 FILER NAME	Rence G. Romo		3 ACCOUNT # (Et	nics Commission filers)
4 Date 2 2	5 Full name of contributor out-of-state PAC (ID#: PA + RICIA New AdA))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
Apr	6 Contributor address; City; State; Zip Code 4910 Legend Heigh	5	\$100,0E	
9 Principal occu	pation (Aptional)	>8253 10 Employer (Optional	al)	
Date 30	Full name of contributor Out-of-state PAC (ID#: A/CX DVdeK)	Amount of contribution (\$)	In-kind contribution description (if applicable)
APR	Contributor address; City; State; Zip Code 1869 W. Thompson	G 7 2/	\$20,00	!
Principal occu	SAN ANTONIU, TX 29 pation (Optional) 17ARY	Employer (Optiona	al)	
Date 30	Full name of contributor Out-of-state PAC (ID#: Pefe MVIheanv	(Amount of contribution (\$)	In-kind contribution description (if applicable)
APR	Contributor address; City; State; Zip Code 1903 Elsworthy		\$150,00	
	SAN ANTONIO, (X '/ S pation (Optional) NG INCER	Employer (Optiona	ıl)	
Date 2	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
MAY	Contributor address; City; State; Zip Code 8601 CULEBRA SAN ANTONIO, TX 2	825/	\$50,00	
71	pation (Optional) NESS OWNER	Employer (Optiona	11)	
Date 2	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
MAY	Contributor address; City: State; Zip Code 309 G A A 10/A	0010	B100.00	
Principal occu	pation (Optional)	Employer (Optiona	I)	
	ATTACH ADDITIONAL COPIES	S OF THIS FORM A	S NEEDED	

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

	nmission P.O. Box 12070 Austin CAL CONTRIBUTIONS R THAN PLEDGES OR LOAN		(FOR FORM	SCHEDULE A1 AS C/OH, C/OH-SS, SI C/OH, SCISPAG APAC, & SPAC-SS)
The Instruction	N GUIDE explains how to complete this form.		1 Total pages this S	Schedule A1:
FILER NAME	NRENCE G. ROMO		3 ACCOUNT # (Eth	ics Commission filers)
Date 2 MAY	5 Full name of contributor out-of-state PAC (ID#. PEAND CARDENAS 6 Contributor address; City; State; Zip Code 2 10 HALBART)	7 Amount of contribution (\$) \$\mathbb{F} 25,00	8 In-kind contribution description (if applicable)
Principal occu	SAN ANTONIO, TX : pation (Optional) Red	>62/3 10 Employer (Option		
Date 4	Full name of contributor Out-of-state PAC (ID#:	es INC	Amount of contribution (\$)	In-kind contribution description (if applicable)
MAY	Contributor address; City; State; Zip Code Employee Newport 15AU Comm PO Box 23048 Atlanta, GA 31139	fun Good Govit	\$250.00	
Principal occu	pation (Optional)	Employer (Option	al)	
Date 24 Mny	Full name of contributor out-of-state PAC (ID#: CWA COPE Contributor address; City; State; Zip Code 501 3nd St WW		Amount of contribution (\$) \$250,00	In-kind contribution description (if applicable)
Principal occu	WAShington, DC ZOC pation (Optional)	Employer (Option	al)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		, 	
Principal occu	pation (Optional)	Employer (Option	<u> </u> ai)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		 -	
Principal occup	pation (Optional)	Employer (Options	al)	
If contr	ATTACH ADDITIONAL COPIES			

	7071	1-2070 (512) 463-50	300 1-800-325-8506
exas Ethics Commiss		1-2010	SCHEDULE F
POLITICA	L EXPENDITURES	ray ol	ERK
			A 11: 34
Ti Lamazion Gilli	DE explains how to complete this form.	1 Total pages Sch	edule F:
	DE CAPITATION OF THE CAPITATIO	3 ACCOUNT # (E	thics Commission filers)
2 FILER NAME	ence G. Romo	7	Amount
4 Date 5	Payee name	((\$)
27	Ideas Unimited Pavee address: City: State: Zip Code		\$ 336.18
APR 6	E 212 BANDERA ROAD		# 3 <i>30.</i> 70
$ \dot{o} $	SAN ANTONIO, TX DE	3236 Complete if direct expenditure to	benefit C/OH ··
8 Purpose of paymer required.)	nt (See instructions regarding type of information (PR/N+)	Candidate / Officeholder name Offi	ce sought Office held
	Al II I Dere		
CAMPAI	<i>J</i>		Amount (\$)
Date	Payee name Tolow Reyunds		
1 4	John Reynolds Payee address; City: State: Zip Code	1	\$ 300 M
MAY	8603 Timber west	277	
01	SAN ANTONIO, TX 78	•• Complete if direct expenditure to	benefit C/OH ··
Purpose of paym required.)	ent (See instructions regarding type of information		ffice sought Office held
CAMPA	ign Mailing List	T	
Date	Payee name O (CLD)		Amount (\$)
6	UFW POST 8910		6000
MAY	Payee address; City: State: Zip Code 8303 Culeba Rd		* 300,00
	CAL A HOUR TX	X251	
Purpose of payr	ment (See instructions regarding type of information	Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH •• Office sought Office held
required.)	A .	Candidate / Cinconsis	
ROOM	Rental		Amount
Date	Payee name		(\$)
	Pavee address; City; State; Zip Code		•
	Payee address; City; State, Zip code		
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if direct expenditure Candidate / Officeholder name	e to benefit C/OH •• Office sought Office held
	ATTACH ADDITIONAL COPIE	ES OF THIS FORM AS NEEDED	
1	VIIVALLEZA		

1-800-325-8506

	CAL EXPENDITURES	SCHEDULE ${f G}$
MADE	FROM PERSONAL FUNDS	CEIVED
The Instruction	N GUIDE explains how to complete this form.	pages Schedule G:
2 FILER NAM	Aunence G. Romo 20013 Jaco	CUNT # /thinics Compiles on filers)
4 Date	5 Payee name SA.M.'S. CLUB	8 Amount (\$)
4	6 Payee address; City; State; Zip Code	\$101.13
MAY		
01	7 Purpose of expenditure (See instructions regarding type of information required.) FOOD / DUNK FOR AMPAIGN WON	Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Reimbursement
		from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEE	DED

Austin, Texas 78711-2070

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

RECEIVED FORM C/OH CITY OF SAN ANTOWER SHEET PG 1

		UII I ULLINA	
The C/OH INSTRUCTION this form.	Guide explains how to complete	1 ACCOUNT PD 210s) P	22 313 al pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MR LAWRENCE	MI	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER ADDRESS		STATE: ZIP CODE	
Change of Address	2906 WoodKnoll	2825Y	Date Hand-delivered or Date Postmarked
TREASURER NAME	MR Johnny	SUFFIX	Receipt # Amount Date Processed
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE): APT/SU	ITE#: CITY: STATE:	Date Imaged ZIP CODE
TREASURER ADDRESS (Residence or business)	7585 INGRAM	Road # 308	SAN ANTONIO TX 178251
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210) 681-0080	EXTENSION)	
8 REPORT TYPE	January 15 30th day before election July 15 8th day before election		15th Try after computeration appointment (office older omy). and report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THRC	04 / 25	Year O
10 ELECTION	Month Day Year ELECTION TO		General Special
11 OFFICE	OFFICE HELD (if any)	DISTAICT 6	"City Council
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign exp Candidates are required to disclose this information Name		didate's prior consent or appro
additional pages	Address / PO Box, Apt. / Suite #: City: State:	Zip Code	
	GO ТО	PAGE 2	

SUPPORT		SEHOLDER REPORT: CITY OF SAICA CITY CLE	ED FORM C/OH CHURNISHEET PG 2 ERK
14 C/OH NAME	AWNEN	e G. Romo 2001 APR 26157	COUNT#Ethics Commission filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for no may have been made.	tice of political expenditures by political committees to support the candidate / e without the candidate's or officeholder's knowledge or consent. Candidates ar if they receive notice of such expenditures.	
COMMITTEL	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
[] additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY	Check here if	In oreportable activity occurred during this reporting period. (Sign affidavit below an	d submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3865,00
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 5495.65
OUTSTANDING LOAN TOTALS	l .	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$
19 AFFIDAVIT	PATE OF TEXES CAPIRES O4-04-2005 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	I swear, or affirm, under penalty of perjur is true and correct and includes all inform me under Title 15, Election Code. Signature of Candidate	nation required to be reported by
I /1>-		the said LAWNENCE G. NOMO, the tify which, witness my hand and seal of office.	nis the 26 day
MilhULS . [Signature of officer ad	Iministering oath	Melinus S. Opez Printed name of officer administering oath Title of	Officer administering oath

Гех	as Ethics Con	nmission P.O. Box 12070 Austin,	Texas 78711-207	0 (512) 463	3-5800 1-800-325-8506
		CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	S CITY	RECEIVED OF SATINATION CITY CLERK	SCHEDULE A 1
	The Instruction	N GUIDE explains how to complete this form.	2001	APR & Rade Die	she due A1:
2	FILERNAME	E VRENCE G, ROMO		3 ACCOUNT # (Eth	nics Commission filers)
4	Date 09 APK 01	5 Full name of contributor OUL I CONTRIBUTION 6 Contributor address; City; State; Zip Code 8242 Shoof Mg QUAL) 250	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9	'11'	pation (Optional) AN RESOURCES	10 Employer (Option	aal)	L
	Date O9 Apn 6	Full name of contributor out-of-state PAC (ID#: BDB CARLSON Contributor address; City; State; Zip Code 563 Elizabeth ROAD SAN ANJONIO, TX 28	, , , ,	Amount of contribution (\$)	Irr-kind contribution description (if applicable)
	Principal/occu	paţign (Optional)	Employer (Option	al)	
	Date 09 APN 01	Full name of contributor out-of-state PAC (ID#: AMNES TNERINA Contributor address; City; State; Zip Code 23/6 Tethen Tnai) AUSTIN, TX 28205	, , , , , , , , , , , , , , , , , , ,	Amount of contribution (\$) \$\mathref{P} 7 \int_{n} \infty\$	In-kind contribution description (if applicable)
		pation (Optional) PRO (ESSON	Employer (Option	eal)	
	Date UG APR OI	Full name of contributor out-of-state PAC (ID#: PATALCIC ROMD Contributor address: City: State; Zip Code 14122 Chunchil Est. SAN ANTONIO, TX 28.		Amount of contribution (\$)	an-kind coa : ibution des ription હેં plicable)
		pation (Optional)	Employer (Optical	aal)	
	Date II APA OI	Full name of contributor out-of-state PAC (ID#: JOHMY GABALE SA Contributor address; City; State; Zip Code 4445 WAI ZEM RA		Amount of contribution (\$) \$ 200,00	In-kind contribution description (if applicable)
	Principal occid	SAW ANTOWID, TX D pation (Optional). OWNER	Employer (Option	al)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS "IEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. P.O. Box 12070

		CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	S	CITY OF SAN'S CITY CLE	E DSCHEDULE A1 IS PICH, CIOH-SS, SC-C/OH, AND MAC, & SPAC SS) RK
	The Instruction	GUIDE explains how to complete this form.		2001 APR 26	12: 34
2	FILER NAME	RENCE G. ROMO		3 ACCOUNT # (Eth	ics Commission filers)
4	Date April	5 Full name of contributor □out-of-state PAC (ID#. HERD & DIANE R NIES & 6 Contributor address; City: State: Zip Code 2923 HUNTENS STACE		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	01	SAN ANTONIO TX	8201		
9	Principal occup	pation (Optional)	10 Employer (Option	onal)	
	Date 2	Full name of contributor) Amount of contribution (\$)	In-kind contribution description (if applicable)
	Apr	Contributor address; City; State; Zip Code 5035, Medina		\$250,00	
		SAN ANTONIO, TX Mation (Optional) SUSINESS OWNER	Smployer (Cutio	nnal)	
	Date 12 Apr	Full name of contributor Jour of-state PAC (ID#. BAIDSE SHRUCTURAL OF ORNA INON WORKERS # 66 CO Contributor address: City. State; Zip Code 4318 CLARK SAN ANTONIO, TX	mental pe Fund 28223	Amount of contribution (\$) \$ 500,00	In-kind contribution description (if applicable)
	Principal occup	pation (Optional)	Employer (Option	nal)	AND THE PERSON NAMED OF THE PERSON OF THE PE
	Date 16 Ann	Full name of contributor out-of-state PAC (ID#:	\$	Amount of contribution (\$)	In-kir contrib descredun (if ar com
	Apr 01	1 Towers PARIC LANCE SAN ANTONIO, TX DE		\$25.00)
	Principal occup	Retined Military	imployer O ₁	val)	
	Date 16 Apr	Full name of contributorout-of-state PAC (ID#: Rodol + 6 Poblet C Contributor address; City; State; Zip Code	A 0252	Amount of contribution (\$) \$\mathbb{B} \textit{ZO}_4 \textit{OC}	In-kind contribution description (if applicable)
	Principal occup	SAN ANTONIO, TX. Dation (Optional) RETINED MILLETANY	S255 Employer (Option	nal)	
	If contr	ATTACH ADDITIONAL COPIE ibutor is out-of-state PAC, please see instr			inc requirements.

POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

RECEIVED SCHEDULE A1
CITY OF SAN ANTONIAS CICH, CICH-SS, SC-CICH,
CLTY CLEDK SC-SPAC, SPAC, & SPAC, SS)

			UII	I LLEKK	
The Instruction	GUIDE explains how to complete this form.	2001	APR	2 b otal pag 2 this	hedule A1:
2 FILER NAME	UNENCE G. ROMO			3 ACCOUNT # (Eth	nics Commission filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
APR	6 Contributor address: City; State; Zip Code 5802 CAYUGA SAN AMONIO, TX)8228		\$40,00	
9 Principal occup	pation (Ontional)	10 Employer (0	Option	al)	
Date 16	Full name of contributor Out-of-state PAC (ID#: IBEW # 60 COPE)	Fund)	Amount of contribution (\$)	In-kind contribution description (if applicable)
APR	Contributor address; City; State; Zip Code 2055, W.W. White		•	\$1000.00	
01	SAN ANTONIO, TX DE				
Principal occup	ation (Optional)	Employer (0	Option	al)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12	MARTIN NAILS			CONTRIBUTION (W)	чезоприот (п аррисавіе)
APR	Contributor address; City; State; Zip Code 4619 Aloh A DA			\$50,00	
01	SAN ANTONIO, TX D	8219			
Principal occur	Pation (Optional)	Employer (C	Option	al)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
APA Ol	Contributor address; City; State; Zip Code 8600 WURZ BACH RA SAN ANTONIO, TX	Ste 80, 8240	1	\$100.00	
	ation (Optional) 6/NGS OWNER	Employer (C	Option	al)	
Date 21	Full name of contributor out-of-state PAC (ID#: GA) + SANCHEZ		.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01	Contributor address; City; State; Zip Code 115 E, TRAVIS SH SHE 6	18		\$ 200,00)
Principal occup	atign (Optional)	Employer (C	Option	al)	-
	IT HOKE NEY S				

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

RECEIVED SCHEDULE A1

	OTHER THAN PLEDGES OR LOAN	S •	CITY CLER	SC-SPAC, SPAC, & SPAC-SS)
	The Instruction Guide explains how to complete this form.	21	ON APP POSS THE	och Sule 3 4
2	LAWRENCE G. ROMO		3 ACCOUNT # (Eth	nics Commission filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#.	ND	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City: State; Zip Code 3630 Belgium LN SAN Antonio, TX		9250,00	
9	Principal occupation (Optional)	10 Employer (Option	l nai)	
	Date Full name of contributor out-of-state PAC (ID# 2) ANTHONY TERRAZAS)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Apr Contributor address; City, State; Zip Code 6322 Sovenels with State; Zip Code		\$50,00	
	Principal occupation (Optional) REFINED MILITARY	Employer (Option	nal)	
	Date Full name of contributor out-of-state PAC (ID#. 21 Rod RIGUEZ		Amount of contribution (\$)	In-kind contribution description (if applicable)
	APA Contributor address; City; State; Zip Code 9323 Whispen Poin SAN ANTONIO, TX 28	1	\$100,00	
	Principal occupation (Optional) BULSNESS OWNER	Employer (Option	nal)	
	Date Full name of contributor Out-of-state PAC (ID#: 21 Contributor Ou		Amount of contribution (\$)	In-kind contribution description (if applicable)
,	Contributor address; City; State; Zip Code PO BOX 17187 SAA A JOAN ZX	821)	\$15,00	
	Principal occupation (Optional) Electricity	Employer (Option	eal)	<u> </u>
	Date Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	APA Contributor address; City; State; Zip Code 12900 OAK TENNACE SAN ANJONIO, TX	8233	\$75,00	
	Principal occupation (Optional)	Employer (Option	al)	

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	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	5	RECEIV CITY OPPS APPI CITY CLI	EDSCHEDULE A1
The Instruction	GUIDE explains how to complete this form.		2001 APR 20 6	PP-012:^34
2 FILER NAME	NRENCE G. NOMO		3 ACCOUNT # (Eth	nics Commission filers)
4 Date 2 /	5 Full name of contributor Out-of-state PAC (ID#: Herbert E, Pounds J		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
APR	6 Contributor address; City; State; Zip Sode 2518 (hest-nut Ben	ld	\$50,00	
O _I	SAN ANTONIO, 7X 9	<u>8232 </u>		
9 Principal occup	pation (Optional)	10 Employer (Option	nal)	
Date	Full name of contributor ul-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occup	vation (Optional)	Employer (Option	lal)	<u> </u>
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occup	ation (Optional)	Employer (Optional)		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occup	ation (Optional)	Employer (Option	al)	
If contri	ATTACH ADDITIONAL COPIES butor is out-of-state PAC, please see instru			ng requirements.

POLITICAL EXPENDITURES	RECEIVED SCHEDULE F CITY OF SAN ANTONIO CITY CLERK
The Instruction Guide explains how to complete this form.	2001 APR 28 ag \$30 12 14 3 14
LAWRENCE G. ROMO	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Payee name The GAGE GROUP APR 6 Payee address; City: State: Zip Code 7662 CALLAGHAN #	7 Amount (\$) 4/20/ 4 200,00
OI SAN ANTONIO, 7X	08279
8 Purpose of payment (See instructions regarding type of information required.) CAMPAIGN CONS'ULTING	• Complete if direct expenditure to benefit C/OH • Candidate / Officeholder name Office sought Office held
Date Payee name 6 JOHN Reynold S APR Payee address; Cityl State; Zip Code 8603 TIM ben west	4 4 7 7 7
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN MAILING LIST	Complete if direct expenditure to benefit C/OH · · Candidate / Officeholder name Office sought Office held
Date Payee name ID The Reportent Payee address; City; State; Zip Code	#125,50
Purpose of payment (See instructions regarding type of information required.) CAMPAGN Adventisement	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
Date Payee name 12 SAN ANTONIO EXPLE Payee address; City; State; Zip Code APA 01	Amount (\$) # 3/9.15
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN Advantisement	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

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P.O. Box 12070

POLITICAL EXPENDITURES	RECEIVED SCHEDULE F CITY OF SAN ANTONIO CITY CLERK
The Instruction Guide explains how to complete this form.	2001 APR 26 100 120 1420 14 PM 1420 16 F:
LAWRENCE G. ROMO	3 ACCOUNT # (Ethics Commission filers)
	98217 18217
8 Purpose of payment (See instructions regarding type of information required.) CAMPAIGN MAILER (Post Age)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
Payee name 13 Face of the payee address; City; State; Zip Code 5213 SAN ANTONIO. TX	Amount (\$) PAD 568,92 D8238
Purpose of payment (See instructions regarding type of information required.) (PAINT) (AM PAIGN MAILER PIECE	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
Date Payee name 15 John Reynolds Payee address; City: State; Zip Code Apr 8603 Timber west Ol SAN Antonio, TX	Amount (\$) \$ 350,00
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN MAILING LIST	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
Payee name PC M11/145 SENVIC Payee address; City: State; Zip Code APR 1601 HIII POINT SAN ANONIO, TX 2	821) Amount (\$) \$\int \(\begin{align*} \pm \\ \\ \\ \\ \\ \ \\ \\ \\ \\ \\ \\ \\
Purpose of payment (See instructions regarding type of information required.) (AM)AIGN MAILEN (Post Age) ATTACH ADDITIONAL COPIES	Complete if direct expenditure to benefit C/OH
	J VIM NO HELDED

P.O. Box 12070

(512) 463-5800

POLITIO	CAL EXPENDITURES		IVESCHEDULE F AN ANTONIO CLERK
The Instruction	GUIDE explains how to complete this form.	2001 APR 26	s Schedule F: DP 12: 34
2 FILER NAME	\sim	3 ACCOUNT	# (Ethics Commission filers)
	5 Payee name IACAS VNIMITCA 6 Payee address; City; State; Zip Code 5 2 1 3 BANDENA NON SAN ALONO TX ment (See instructions regarding type of information	DGZ 38 9 •• Complete if direct expenditure	7 Amount (\$) 9 869,54
required.)	(Print) Voign Moiler Piece	Candidate / Officeholder name	Office sought Office held
20 April 01	Payee name PC MAILING SCNUI Payee address; City; State; Zip Code 10711 HILL POINT SAN ANTONIO, TX 1	1ces INC.	#940,28
required.)	ment (See instructions regarding type of information	•• Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH •• Office sought Office held
Date	Payee name Payee address: City; State; Zip Code		Amount (\$)
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH •• Office sought Office held
Date	Payee name Payee address, City; State; Zip Code		Amount (\$)
Purpose of payi required.)	ment (See instructions regarding type of information	•• Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH •• Office sought Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEEDED	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET DO 1

CAMPAIG	IN FINANCE REPORT		COVER SHEET PG 1
The C/OH INSTRUCTO	ON GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	TITLE FIRST AND	МІ	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
4 CANDIDATE/	ADDRESS / PO BOX: APT / SUITE #: C	CITY; STATE; ZIP CODE	
OFFICEHOLDER ADDRESS	2906 Wood Kwoll SAN	· · · · · · · · · · · · · · · · · · ·	Date Hand-delivered or Date Postmarked
Change of Addres		7875	
5 CAMPAIGN TREASURER	TITLE FIRST	MI	
NAME	NICKNAME LAST	SUFFIX	Receipt # Amount
	Reyes	TA	Date Processed Date Imaged
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI	ITE#; CITY; STATE;	ZIP CODE
TREASURER ADDRESS (Residence or business	7585 INGRAM ROAD#	308, SAN ANTON,	QTX 28251
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (2/0) 68/-0080	EXTENSION	
8 REPORT TYPE	January 15 2 30th day before election	n Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year OI / OI / O/ THRO	ugh 04/02,	Year / O /
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year	PE	
	05/05/01 Primary	Runoff	General Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known	
13 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign experience candidates are required to disclose this information of the control		
EXPENDITURE BY OTHER INDIVIDUALS	Name	_	
additional pages	Address / PO Box; Apt. / Suite #; City; State;	Zip Code ZE	200 A µ − 89A 100S
		(86	CITY OF SAN ANTOR
	GO TO		RECEIVED OITY OF SAN ANTON

POLITICAL CONTRIBUTIONS OTHER THAN DI ENGES OR LOAMS

SCHEDULE A1

FOR EODIE CION CION SE CO CION

OTHER	THAN PLEDGES OR LOAD	45		SC-SPAC, SPAC, & SPAC-SS)
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages this	Schedule A1:
2 FILER NAM			3 ACCOUNT # (Et	hics Commission filers)
	LAWRENCE G. ROM	10		C1 20
4 Date	5 Full name of contributor Out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In kind contribution description (#spelicable)
12 JAN	6 Contributor andress; City; State; Zip Cod		38 0	ECE FSAN R-4
01	2209 13th St	8235	\$ 30.00	N AN LERN
9 Principal occu	pation (Option(a))	10 Employer (Option		<u> </u>
	Retineal	10 Employer (Opport		30 6
Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12 JAN	Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	contribution (\$)	честрион (паррисавие)
<u> </u>	558 Hermine Blud	5	\$50,00	
01	SAN ANTONIO, TX 28.	2/2	1,0000	
Principal occu	pation (Optional) Storker	Employer (Option	al)	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of	In-kind contribution
12	Rudi Rodriguez		contribution (\$)	description (if applicable)
JAN	Contributor address; City; State; Zip Code 1000 W COMMENCE	•	A 100.00	·
01		8227	1	
Principal occup	pation (Optional) BUIL NESS DINNER	Employer (Options	⊒i) ·	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
12	1 1 1 7 7 7 7 7 7 7	50N	contribution (\$)	description (if applicable)
JAN	Contributor address; City/ State; Zip Code	•	\$ 15,00	
01	Austin, TX 78231		, , , ,	
Principal occup	pation (Optional)	Employer (Options	il)	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of	In-kind contribution
12	Andred Toni Mitche	21.)	contribution (\$)	description (if applicable)
JAN	Contributor address; City; State; Zip Code	n	\$ 50,00 j	e *
01	SAN ANTONIO, TX D	8245		
Principal occup	pation (Optional)	Employer (Options	BILL ACI	3
		I KE	114 /11/-	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS) OTHER THAN PLEDGES OR LOANS 1 Total pages this Schedule A1: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME In-kind contribution description (if applicable) 7 Amount of contribution (\$) 16 JAN \$25.00 0 10 Employer (Optional) RANDO In-kind contribution description (if applicable) Date Amount of contribution (\$) 16 #25,00 Henben Cincle Principal occupation (Optional) Employer (Optional) Date Amount of In-kind contribution contribution (\$) description (if applicable) TOLANDA Employer (Optional) Principal occupation (Optional) Amount of In-kind contribution contribution (\$) description (if applicable) #2500 Employer (Optional) Principal occupation (Optional) Date Amount of In-kind contribution contribution (\$) description (if applicable) Principal occupation (Optional) Employer (Optional)

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POLITICAL CONTRIBUTIONS SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS) OTHER THAN PLEDGES OR LOANS 1 Total pages this Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) In-Rind contribution Amount of contribution (\$) description (if applicable) 16 JAN Principal occupation (Optional) 10 Employer (Optional) In-kind contribution Date Amount of contribution (\$) description (if applicable) SMAIL CASH DONATIONS (AMOVIMENT)
Contributor address; City; State; Zip Code \$53,00 0 Principal occupation (Optional) Employer (Optional) Date Full name of contributor Out-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) 26 Principal occupation (Option Employer (Optional) Date / Amount of contribution (\$) In-kind contribution description (if applicable) 26 \$50,00 Principal occupation (Optional) Employer (Optional) Amount of In-kind contribution contribution (\$) description (if applicable) GAIP WILSON & SANCHEZ Contributor address; City, State; Zip Code 26 115 E. TRAVIS St Ste 618 9 50 × 00 Principal occupation (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

		CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	S		SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
	The Instruction	N GUIDE explains how to complete this form.		1 Total pages this	Schedule A1:
2	FILER NAME	wrence G. Rom		3 ACCOUNT # (Et	nics Commission filers)
4	Date 26	5 Full name of contributor out-of-state PAC (ID#_ SIMON P. BENAVIDES		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	JnN Ol	6 Contributor address; City; State; Zip Code 40/8 RXK SPN/NSS K/W6 SW 0000 TX 223	145	840,00	
9	Principal occup	pation (Optional) SAF RESERVES	10 Employer (Options	ai)	
	Date OS	Full name of contributor out-of-state PAC (ID#:_ FUND M15EA DEPUS! Contributor address; City; State; Zip Code	. /	Amount of contribution (\$)	In-kind contribution description (if applicable)
	1-eb 01	Aldro's Sugal Depot San An		\$139,00	
	Principal occup	pation (Optional)	Employer (Options	al)	
	Date US	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
,	ieb Ul	Contributor address; City; State; Zip Code 1/2 Ch A PARNA CINC, Cibolo TX 28108	le l	\$20,00	
•	Principal occup	pation (Optional)	Employer (Options	est Am	lines
	Date	Full name of contributor out-of-state PAC (ID#_ PAME A MAGNET Till Contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	16b 01	Contributor address; City; State; Zip Code 13402 LANGTRY SAN ANTONIA, TX 26	2246	\$ 20.00	
	Principal occup	pation (Optional)	Employer (Optiona	il)	
	Date 0 7	Full name of contributor out-of-state PAC (IDIK_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Teb 01	Contributor address; City; State; Zip Code 1910 > Avtumn CIRC SAN Avtumn TX	1e 1>8758	\$200,00	2001 (PA
ſ	Principal occup	nation (Optional)	Employer (Optiona	1)	- 1 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0
	If contri	ATTACH ADDITIONAL COPIES butor is out-of-state PAC, please see instru	S OF THIS FORM A uction guide for ad	S NEEDED ditional reporti	A 10: 30 and requirements 30

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH.

OTHER	THAN PLEDGES OR LOANS	5	(FOR FOR	SC-SPAC, SPAC, & SPAC-SS)
The Instruction	N GUIDE explains how to complete this form.	-	1 Total pages this S	Schedule A1:
2 FILER NAME	whence G. Romo		3 ACCOUNT # (Eth	ics Commission filers)
Date 7 Feb	5 Full name of contributor out-of-state PAC (ID#_ MALY LOUSE ROMO 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
01	422 JUNIPER SAN ANTONIO, TEXAS		\$1,50,00	
9 Principal occu	pation (Optional)	10 Employer (Option	nal)	
Date	Full name of contributor out-of-state PAC (ID#_PA+RICIX ROMO		Amount of contribution (\$)	In-kind contribution description (if applicable)
Feb Ol	Contributor address; City; State; Zip Code 14/22 (NUNChill Estata SAN, ANTONIO 17 EXAS	5 #103A 78248	\$100.00	
Principal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
teb 01	Contributor address; City; State; Zip Code 721 NAS DNIVE CORPUS CHAISH, Tex	NS 28148	\$50,00	
Principal occup	Delion (Optional) Refund Civil Service	Employer (Option	ai)	
Date 23 EPh	Full name of contributor out-of-state PAC (ID#:	DA	Amount of contribution (\$)	In-kind contribution description (if applicable)
01	3125 SAN LUS DA COLO SPOS (D 8090	9	\$25,001	
Principal occup	pation (Optional)	Employer (Option	(a 1)	
Date 2 3	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-ldml contribution description (if applicable)
<i>Н</i> е <u>ь</u> 01	UNIVERSAL CITY, TEXT	5 28/48	\$25,00	- F STAN
Principal occup	pation (Optional) USAA TNN NS	Employer (Option	<i>"A</i>	0 S
if contri	ATTACH ADDITIONAL COPIES butor is out-of-state PAC, please see instru			u 급 ng requirements.

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SCHEDULE A1

OTHER	THAN PLEDGES OR LOAN	S		IS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruction	Guide explains how to complete this form.	, , ,	1 Total pages this S	chedule A1:
2 FILER NAME	AWRENCE G. ROMO		3 ACCOUNT # (Ethi	ics Commission filers)
4 Date 26	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
Feb	6 Contributor address; City; State; Zip Code 30 > E, Ves+A		\$25,00	
01	SAN ANTONIO, TEXAS			
Principal occup	ation (Optional) Retined Military Reserves	10 Employer (Option	(al)	
Date 2	Full name of contributor of con-ct-state PAC (ID#:_	·	Amount of contribution (\$)	In-kind contribution description (if applicable)
16b	SAN ANTONIO, TEXAS	<i>08233</i>	# 20.0D	
Principal occup		Employer (Option	al)	-
Date	Full name of contributor Qui-of-state PAC (IDIt:_	,	Amount of contribution (\$)	In-kind contribution description (if applicable)
Z8 Feb	Contributor address; City; State; Zip Code 9902 RAMDIN BIVE)	\$/000.00	
0/	SAN ANTONIO, TEXAS		.	·
Principal occup		Employer (Option	al)	
Date 28	Full name of contributor	#103A	Amount of contribution (\$)	In-kind contribution description (if applicable)
16b	14122 ChurchIII Esta SAN ANTONIO. TX 28	/	\$ 250.00	:
Principal occupa		Employer (Option	ai)	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applitrable)
OZ Man	DSCAL KAZEN Contributor address; City; State; Zip Code		8300,00	00 771 0 711
0)	SAN ANTONIA TEKAS	D6 205	\(\frac{1}{2} \sqrt{1} \sqrt	H - H
Principal occupa	ation (Optional) HORA PY	Employer (Option	ai)	A RP
	1 Francisco			0: 3 0: 3
If contrib	ATTACH ADDITIONAL COPIE outor is out-of-state PAC, please see instru			

SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH,

	OTHER	THAN PLEDGES OR LOAN	S	(FOR FOR	SC-SPAC, SPAC, & SPAC-SS)
	The Instruction	GUIDE explains how to complete this form.		1 Total pages this	Schedule A1:
2	FILER NAME	LAWRENCE G. ROMU)	3 ACCOUNT # (Et	nics Commission filers)
4	Date OZ Man	5 Full name of contributor out-of-state PAC (ID#:_ RVAI RVANGUCZ 6 Contributor address; City; State; Zip Code	·	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	01	10000 W Commence SAN ANTONIO, TEXAS	78222		
9		pation (Optional) /NESS OWNER	10 Employer (Option	nal)	
	Date 05	Full name of contributor Out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	01	Contributor address: City: State: Zip Code 211 Westlyn DA SAN ANTONIO, Texas 2	8222	\$100,00	,
	Principal occup	Projection (Optional) Frostaucton	Employer (Option	al) st Vista	
	Date 0 5	Full name of contributor out-of-state PAC (ID#:_ DAVID & ROSA DVKE)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Man 01	Contributor address; City; State; Zip Code 415 Chenry Ridges		\$50.00	
	Principal occup	SAN ANTONIO, TEXAS Phofesion	Employer (Option	al) of the	LMLE UNIVERSITY
	Date	Full name of contributor)	Amount of	In-kind contribution
	05 MAN 01	FUNDANMEN DEPOSIT Contributor address; City; State; Zip Code 2111 Westlyn Dr.		contribution (\$) \$60,00	description (if applicable)
	Principal serve	SAN ANTONIO, YEXIS ation (Optional)	SZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	-1\	
	- Titlicipal occup	aton (Optoria)	Employer (Option	μι)	
•	Date 12 MAR	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	01	SAN ANTONIO, TX 78	16 205	\$ 25t.00	10 T Y S
_	Principal occup	ation (Optional) // 1/0/2 N/EY	Employer (Option:	al)	
	If contri	ATTACH ADDITIONAL COPIE:			ファスコロ ロ ロ

	LITICAL CONTRIBUTIONS THER THAN PLEDGES OR LOA	NS	<u> </u>	SCHEDULE A
	натянистом Guide explains how to complete this form.		1 Total pages Sche	dule A:
	LAWRENCE G. Rom		3 ACCCUNT # (Etr	nics Commission hers)
4 Da	Bob Mason	Out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
MA DI	6921 BlANGO Rd		\$ 30,00	
9 Princ	SAN ANTONIO, TX 28 sipal occupation Refined Military	10 Employer (op	tional)	
Da	te Full name of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
M, O	Contributor address; City; State; Zip Code 8019 H111 + Op CREST		\$100.00	
Princ	SAN ANTONIO, TX 28	Employer (op	·	
Da	Teacher			
UA	A CHITTIE OF CONTRIDUCT	Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
13	Contributor address: City: State: Zip Code	_		
M	AR 13310 LANGTRY ST		\$ 100.00	
Princ	Ipal occupation SAN AN TONIO, TX S			
	, , , , , , , , , , , , , , , , , , ,	Employer (opt	tional)	
Day 2 M		out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
	9035 MediNA SAN ANTONIO, 7× 28		\$500.00	
Pnnc	ipal occupation	Employer (opt	lional)	
Dat	Full name of contributor	Out of state PAC	Amount of	In-kind contribution
21	Claus Hade	•	contribution (\$)	description(itapplicable)
MI	Contributor address: City: State: Zip Code	7		
• 1/	1 3126 MANITA DA		\$ 20.00	1-1- 1-1- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Donn	SAN ANTONIA, TX Sipel occupation	×212		
·-····································		Employer (opt	conal)	
				31 10
1	ATTACH ADDITIONAL COPIE			
	if contributor is out-of-state PAC, please see instr	ruction guide for	r additional reporti	ing requirements.

Principal occupation

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CO	ONTRIBUTIONS
OTHER THAN	PLEDGES OR LOANS

SCHEDULE A

				<u> </u>	
	The Instruction	Guide explains how to complete this form.		1 Total pages Sche	dule A:
2	FILER NAME	LAWRENCE G. ROMO		3 ACCCUNT # (EII	nics Commission filers)
4	Date	5 Full name of contributor	Out of state PAC	7 Amount of	8 In-kind contribution
	29 .	Rex Evans		contribution (\$)	description(if applicable)
	Man	6 Contributor address; City; State: Zip Code			
	01	806/ Culebra		\$ 50,00	
_	0	SAN ANTONIO, TX DR	2)/		
9	Principal occup	BUSINGS OWNER	10 Employer (optio	nai)	
	Date	Full name of contributor	Out of state PAC	Amount of	In-kind contribution
	30	LOUIS & AURORA GONZA/C Contributor address; City: State: Zip Code	25	contribution (\$)	description(if applicable)
	MAR			8/00 00	
	01	4942 Old Fountain Bl Colo Spas, CO 80916	VOI	\$100,00	
	Principal occuj	pation Retined Military	Employer (optio	nai)	
	Date	Full name of contributor	out of state PAC	Amount of	In-kind contribution
	2	Robert M. Escobado		contribution (\$)	description(if applicable)
	APR	Contributor address: City: State: Zip Code		\$/(0,00)	
	O(SAN ANTONIO, TX D82	230	, 5.	
	Principal occur	pation	Employer (option	201)	
		Promotions MANAGER	employer (opub		
	Date	S. H. com and a section of	_		
	2	RAIPH PENA	Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
	APA	Contributor address; City; State: Zip Code		000	
	01	324 QUENTIN 782	0)	\$50.00	
	Principal occup	Sonuce Rotined	Employer (optio	nai)	
	Date	Full name of contributor	out of state PAC	Amount of	lastind contribution
	7	, , , , , , , , , , , , , , , , , , ,		contribution (\$)	description(if applicable)
	1 21	BAMBOCUE FUNDRAISEM	/		3 - 70
	APR	Contributor address: City; State; Zip Code		a DIE EN	1 320
	01	3450 Dove PARK LA		\$ 765,50	U A A
	Bringin : 1 : - `	SAN ANTONO, TX D8	65)		5 2
	Principal occup	panon	Emplayer (aptio	nai)); 31

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

exas Ethics Commissio	n P.O. Box 12070 Austin, Tex	xas 78711-2070	(512)	463-5800 1-800-3 25-85 0
LOANS				SCHEDULE E
The Instruction Gui	os explains how to complete this form.		† Total pages Sche	dule E:
FILER NAME	rence G. Romo		3 ACCOUNT # (Etr	nics Commission filers)
TOTAL OF UN	NITEMIZED LOANS:	\$ \$\$ \$\$	D D	\$
Date of loan	7 Name of lender LAWNENCE G. No.	Out of state PAC		9 Loan Amount (\$) \$733,00
is lender a financial Institution?	8 Lender address: City; State: 2906 Wood [CNO]	Zio Code		10 Interest rate
Y	SAN ANTONIO, TX	5825/		11 Maturity date
2 Description of Collate	ral			
none				
3 GUARANTOR INFORMATION	14 Name of guarantor			16 Amount Guaranteed (\$)
not applicable	15 Guarantor address: City: State:	Zip Code		
7 Principal Occupation		18 Employer		•
Date of loan	Name of lender	out of state PAC		Loan Amount (\$)
23 Feb 01	LAWRENCE G. M.	lono		\$ 200,00
Is lenger a financial Institution?	Lender address: City; State; 2906 Wood Knol)	Zip Code		Interest rate
Y (N/	2906 Wood Knol) SAN ANTONIO, Tex	AS 1875/		Maturity date
Description of Collater	al		<u>j</u>	
□ none				
GUARANTOR INFORMATION	Name of guarantor N/A			Amount Guaranteed(§)
not applicable	Guarantor address: City; State;	Zip Code	,	PECEIA CLLA CT CLLA CT
Principal Occupation		Employer		A IO
-				υ 16

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

exas Ethics Commissio	on P.O. Box 12070	Austin, Texas 78711-2070	(512)	463-5800 1-800-325-850
LOANS				SCHEDULE E
The Instruction Gui	DE explains how to complete	this form.	1 Total pages Sch	edule E:
FILER NAME	RENCE G. RO	MO	3 ACCOUNT # (EI	hics Commission fiers)
TOTAL OF U	NITEMIZED LOANS:	÷ ÷ ÷ ÷	\$	\$
Date of loan Compared to the state of the	7 Name of lender LAWRENCE 8 Lender address: City: 2906 Wood	1 Knoll		9 Loan Amount (\$) \$\int 525.00 10 Interest rate 11 Maturity date
2 Description of Collate		vo, TX 28251		
none	T			
3 GUARANTOR INFORMATION	14 Name of guarantor	A		16 Amount Guaranteed (\$)
not applicable	15 Guarantor address: City:	State; Zip Code		
7 Principal Occupation	a	18 Employer		
Date of loan 22 MARO)	Name of lender LAWN ENCE	G. ROMO		Loan Amount (\$) 9 324, / 2
Is lender a financial Institution?	Lender address: City;	State; Zip Code	· • • • • • • • • • • • • • • • • • • •	Interest rate
Y (18)	SAN ANTON	(noll 10, Tx 0825)		Maturity date
Description of Collate	rai			
12 name				
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State: Zip Code		RECE Y OF SA CITY C
Principal Occupation		Employer		VED N ANI LERK
				0.31 0.10
If lender		ONAL COPIES OF THIS FORI		g requirements.

POLITICAL EXPENDITURES	RECEIVED CITY OF SAN ANTONIO	SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.	2001 APR - 4 A 10: 31	Schedule F:
2 FILER NAME		# (Ethics Commission filers)
JAN 6 Payee address; City; State: Zip Code		7 Amount (\$)
01 8439 Timber Bridge		#210.00
SAN ANTONIO, TCXAS 8 Purpose of expenditure	76251 9 → Complete if direct expenditure to benefit	lit C/OH ↔
Block WAIKING	Candidate / Officenolder name	Office sought / held
Date Payee name 8 VFW Post 8910		Amount (\$)
JAN Payee address: City: State: Zip Code 8373 (ulebra 01 San Antonio, Texas	De261	\$200.00
Purpose of expenditure CAMPAIGN ANNOUNCE MENT LOCATION RENTAL	Complete if direct expenditure to beneficandidate / Officeholder name	ift C/OH ↔ - Office sought / held
Date Payee name 12 Albartson's Payee address; City: State: Zip Code JAW 8364 Huy 151 Ol SAN Antonio, Texas		#/30.00
Purpose of expenditure (AMPAIGN ANNOUNCEMENT) RÉFREGHMENTS	⇔ Complete if direct expenditure to beneficandidate / Officenoider name	iit C/OH •• Office sought / held
Date Payee name 13 The GAGE GROUP Payee address; City: State: Zip Code 766) (All Aghan # 1	20/	## 300-00
Purpose of expenditure Palitical Consulting	→ Complete if direct expenditure to bene Candidate / Officeholder name	fit C/OH ⇔ Office sought / held
	S OF THIS FORM AS NEEDED	

Texas Einics Commission P.O. Box 12070 Austin, Texas 7	8711-2070	(512) 463-5800 1-800-325-850
POLITICAL EXPENDITURES	RECEIVED CITY OF SAN ANTONIO CITY CLERK	SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.	2001 APR -4 A 10: 3	Total pages Schedule F:
2 FILER NAME LAWRENCE G. ROMO	3	ACCOUNT # (Ethics Commission filers)
19 Ideas Unlimited		7 Amount (\$)
JAN 6 Payee address: City: State: Zip Code 01 5213 BANDERA RD SAN ANTONIO, TEXAS		\$230,59
8 Purpose of expenditure CAMPAIGN CANDS	9 ← Complete if direct expeni Candidate / Officenoider na	
Date Payee name 2 Aldros Mexican Cu Feb Payee address: City: State: Zip Code 01 100 Hoe fgen DR SAN ANTONIO, Texas	•	Amount (\$) \$ 562,0
Purpose of expenditure CAMPAIGN SUPPORT DINNER	Complete if direct expend Candidate / Officenolder na	
Payee name Feb Payee address: City: State: Zip Code 52/3 BANDENN Rd Ol SAN ANTONIO, Texas		# 1405.61
Purpose of expenditure CAMPAISN CANDS	⇔ Complete if direct expend Candidate / Officenolder na	=
Date 19 John Reynolds Feb Payee address: City: State: Zip Code 01 8603 Tinber NEST SAN ANTONIN IX DE		\$500,00
CAMPAIGN MAILING LIST	⇔ Complete if direct expen Candidate / Officeholder na	- ·-· - · · · · · · · · · · · · · · · ·
ATTACH ADDITIONAL COPI	ES OF THIS FORM AS NE	EDED

POLITICAL EXPENDITURES	(512) 463-5800
	SCHEDULE F
RECEIVED	
The Instruction Guide explains how to complete this form. CITY CLERK	1 Total pages Schedule F:
LAWRENCE G. NONO 2001 APR -4 A 10:31	3 ACCOUNT # (Ethics Commission filers)
19 The GAGE GROUP Feb 6 Payee address: City: State: Zip Code	7 Amount (\$)
01 7667 CAllAghan # 1701 SAN ANTONIO, TX 28229	\$ 200.00
I O Dumana at augusticus	rpenditure to benefit C/OH → er name Office sought / held
Date Payee name 26 PC MAILING SERVICES LUC Feb Payee address: City: State: Zip Code 10711 HIII point SAN ANTONIO, TEXAS 28212	#1289,22
Purpose of expenditure MAILER (AMPAIGN) Postage Complete if direct ex Candidate / Officenolds	spenditure to penefit C/OH ↔ Office sought / held
Date Payee name 02 The GASE GROUP MAR Payee address: City: State: Zip Code 01 2667 CAll Aghan # 1201 Con A Lo TWA 20776	# 200, 00
Purpose of expenditure CAMPAIGN CONSULTING Son Antoniu TX D82.29 Complete if direct expenditure Candidate / Officenoids	xpenditure to penefit C/OH ⇔ er name Office sought / held
Date Payee name 7	•
ATTACH ADDITIONAL COPIES OF THIS FORM AS	NEEDED

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

MADE	FROM PERSONAL FUNDS RECEIVED	SCHEDULE G
The instruction	Guide explains how to complete this form. CITY OF SAN ANTONIO CITY CLERK ¹ Total pages Sci	hedule G:
FILER NAM	LAUNENCE G. ROMO 2001 APR-4 A 10: ASSOCIATE II	Ethics Commission filers)
Date	5 Payee name	
20	15PS	8 Amount (\$)
	6 Payee address: City: State: Zip Code	
Feb	WAIN WRIGHT StATION	\$6.80
01	San Antonio, Texas >8.208 7 Purpose of expenditure	
0 1		Reimbursement from political
	Postage Stamps	contributions intended
Date	Payee pame Ldens Unimited Payee address: A City: State: 7in Code A	Amount
21	Payee address: A City: State: 7in Code 4	(\$)
Feb	Payee address: City: State: Zip Code 1 5213 BANDENA ROAD	A 1000
, 1	SAN ANTONIO, TEXAS D8238	\$ 193,95
01	Purpose of expenditure	Reimpursement
	CAMPAIGN CARDS	from political
Date	Pavee name	intended
05	The Home Depoy	Amount (\$)
	Payee address; City: State/ Zip Code 520 FAIN AUC	`\
MAR	·	\$17,35
0)	Purpose of expenditure	
		Reimbursement from political
	CAMPAIGN SIGN HANDWARE	contributions intended
Date	Tolon 6 1/4 / Lun Lood	Amount
22	Payee address; City; State; Zip Code	(\$)
MAR	5213 BANDERA ROAD	\$193,95
2/	SAN ANTONIO, TEXAS >8238.	7/7/2/3
VI	Purpose of expenditure	Reimbursement
	- CAMPAIAN CONDS	from political contributions intended
Date	Payee name	
-	A garage to the sign of the second and the second a	Amount (\$)
	Payee address; City; State; Zip Code	
<u> </u>	Purpose of expenditure	Reimbursement
		from political contributions intended
		·
	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED	

AUSUIT, 190213 78711-2070

(512) 463-5800

1-800-325-8508